

WEST Search History

DATE: Monday, August 20, 2007

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	<i>DB=USPT; PLUR=YES; OP=OR</i>		
<input type="checkbox"/>	L28	"radionuclide" and "treating gastrointestinal"	7
<input type="checkbox"/>	L27	"radioisotope" and "treating gastrointestinal"	11
<input type="checkbox"/>	L26	"radionucleotide" and "treating gastrointestinal"	3
<input type="checkbox"/>	L25	"radionucleotide agent"	1
<input type="checkbox"/>	L24	"radionucleotide antibiotic"	0
<input type="checkbox"/>	L23	L20 and "treating disease"	6
<input type="checkbox"/>	L22	L20 and "probiotic"	0
<input type="checkbox"/>	L21	L15 and "radionucleotide"	0
<input type="checkbox"/>	L20	"antibacterial agent" and "radionucleotide"	62
<input type="checkbox"/>	L19	L18 and "antibacterial radionuclide agent"	0
<input type="checkbox"/>	L18	"radionuclide"	8639
<input type="checkbox"/>	L17	L16 and "radionuclide"	0
<input type="checkbox"/>	L16	L15 and "bacteriophage"	1
<input type="checkbox"/>	L15	6461607.pn.	1
	<i>DB=PGPB,USPT,USOC,EPAB,JPAB,DWPI,TDBD; PLUR=YES; OP=OR</i>		
<input type="checkbox"/>	L14	L13 and "tablet"	45
<input type="checkbox"/>	L13	L12 and "Clostridium"	59
<input type="checkbox"/>	L12	L11 and "Lactobacillus"	104
<input type="checkbox"/>	L11	L10 and "disease"	158
<input type="checkbox"/>	L10	L8 and "autoimmune"	158
<input type="checkbox"/>	L9	L8 and "treating abnormal gut"	0
<input type="checkbox"/>	L8	"probiotic" and "antibiotic"	1228
<input type="checkbox"/>	L7	L6 and "Lactobacillus"	15
<input type="checkbox"/>	L6	"autism" and "probiotic"	34
<input type="checkbox"/>	L5	L1 and "autism"	0
<input type="checkbox"/>	L4	L1 and "Tourette"	0
<input type="checkbox"/>	L3	L1 and "autoimmune"	0
<input type="checkbox"/>	L2	L1 and "bipolar"	0
	<i>DB=USPT; PLUR=YES; OP=OR</i>		
<input type="checkbox"/>	L1	6203797.pn.	1

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End of Result Set



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L3: Entry 1 of 1

File: USPT

Oct 8, 2002

DOCUMENT-IDENTIFIER: US 6461607 B1

**** See image for Certificate of Correction ****

TITLE: Probiotic, lactic acid-producing bacteria and uses thereof

Brief Summary Text (7):

Therefore, probiotic microorganisms are those which confer a benefit when grow in a particular environment, often by inhibiting the growth of other biological organisms in the same environment. Examples of probiotic organisms include bacteria and bacteriophages which possess the ability to grow within the gastrointestinal tract, at least temporarily, to displace or destroy pathogenic organisms, as well as providing other benefits to the host. See e.g., Salminen et al, 1996. Antonie Van Leeuwenhoek 70: 347-358; Elmer et al, 1996. JAMA 275: 870-876; Rafter, 1995. Scand. J. Gastroenterol. 30: 497-502; Perdigon et al, 1995. J. Dairy Sci. 78: 1597-1606; Gandi, Townsend Lett. Doctors & Patients, pp. 108-110, January 1994; Lidbeck et al, 1992. Eur. J. Cancer Prev. 1: 341-353.

Detailed Description Text (117):

Guillain-Barre syndrome (GBS), a demyelating disorder resulting in acute neuromuscular paralysis, is a serious sequelae of Campylobacter infection. See e.g., Allos, B. M., 1997. J. Infect. Dis. 176: 5125-5128. It has been estimated that one case of GBS occurs for every 1,000 cases of campylobacteriosis and up to 40% of patients with the syndrome have demonstrated evidence of recent Campylobacter infection. Approximately 20% of patients with GBS are left with some disability, and approximately 5% die despite recent advances in respiratory care. Campylobacteriosis is also associated with Reiter syndrome, a reactive arthropathy. See e.g., Peterson, M. C., 1994. Scand. J. Rheumatol. 23: 167-170. In approximately 1% of patients with campylobacteriosis, the sterile post-infection process occurs 7 to 10 days after onset of diarrhea. Multiple joints can be affected, particularly the knee joint. Pain and incapacitation can last for months or, in some cases, become chronic. Both GBS and Reiter syndrome are thought to be autoimmune responses stimulated by infection. For example, many individuals with Reiter syndrome have been found to carry the HLA B27 antigenic marker. See e.g., Peterson, M. C., 1994. Scand. J. Rheumatol. 23: 167-170. Unfortunately, the pathogenesis of GBS (see e.g., Shoenfeld, Y. et al., 1996. Int. Arch. Allergy Immunol. 109: 318-326) and Reiter syndrome is not completely understood.

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